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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). The reby appoint. Practitioners associated with the Customer Number: Registration Name	POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be userf): Name							
OR Practitioner(e) named below (if more than tan patient practitioners are to be named, then a customer number must be used): Name	I hereby a	appoint:					
Practitioner(s) named below (if more than tan patent practitioners are to be named, then a customar number must be used): Name	Practitioners associated with the Customer Number:		85981				
as acomey(s) or agant(s) to represent the undersigned before the United States Patent and Trademark Office (UEPTO) in connection with any and all patent applications assigned aptly to the undersigned according to the UEPTO assignment incords or assignment documents and trade to this form in accordance with 37 GFR 3.75(b). The address specialists assigned according to the UEPTO assignment incords or assignment documents and active to this form in accordance with 37 GFR 3.75(b) for the upper second accordance with 37 GFR 3.75(b) for the application identified in the attached statement under 37 GFR 3.75(b) for the upper second accordance with 37 GFR 3.75(b) for the upper second accordance							
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) for. Presse change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) for. Presser change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) for a CFR 3.73(b) fo	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with						
The address associated with Customer Number: OR State Address City State Email Assignee Name and Address. Syngenta Crop Protection, Inc. 410 Swing Road Greensboro, NC 27409 A copy of this form, together with a statement under 37 CFR 3.73(h) Form PTO(\$50/86 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(h) may be completed by one of and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and sits is supplied below is authorized to act on behalf of the assignee. Signature Thomas Hamilton Telephone 336-632-7586							
Individual Name Address State Zip	The address associated with Customer Number: 85981						
Country Teisphone Email Assignee Name and Address: Syngenta Crop Protection, Inc. 410 Swing Road Greensboro, NC 27409 A copy of this form, together with a statement under 37 CFR 2.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 2.73(b) may be completed by one of this practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the essignee, and must identify the application in which this Power of Attornay is to be filled. SIGNATURE of Assignee of Record The individual whose signature and tible is supplied below is subhorized to act on behalf of the assignee. SIGNATURE of Assignee of Record The individual whose signature and tible is supplied below is subhorized to act on behalf of the assignee Thomas Hamilton Telephone 336-632-7586	Firm or Individual Name						
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Assignee Name and Address Syngenta Crop Protection, Inc. 410 Swing Road Greensboro, NC 27409 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be tilled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and this is suspitied below is authorized to act on behalf of the assignee. Signature Data 2 1/9 DG Telephone 336-632-7586	Country						
Syngenta Crop Protection, Inc. 410 Swing Road Greensboro, N.C. 274099 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the essignee, and must identify the application in which this Power of Attornay is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date 2 / 19 / D 7 Name Thomas Hamilton Telephone 336-632-7586	Telephone			Emeil			
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tiled in each application in which this form is used. The statement under 37 CFR 3.78(b) may be completed by one of the practitioners appointed in this form if the appointed practioner is authorized to act on behalf of the essignee, and must identify the application in which this Power of Attorney is to be filled. Signature Signature and title is supplied below is authorized to act on behalf of the assignee of Record	Syngenta Crop Protection, Inc. 410 Swing Road						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Data 2 / 19 / 09 Name Thomas Hamilton Telephone 336-632-7586	filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.						
Date 2 19 DG							
Name Thomas Hamilton Telephone 336-632-7586	Signature	Signature					
Title Managing Patent Attorney		Thomas Hamilton			Telephone 336-632-7586		
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This collection of Information is required by 37 CPF, 13.1., 3.2 and 4.33. The information is required to obtain or retain a brendit by the routine that has been been been to support to proceed an opportunity. Confidentifying the system by 3.9 Use, 122 end or 57 CPF, 1.1 and 1.4. This colorism is activated to the 30 interests to complete, including gatherings, preparing, and susmitting the completed approach from to the USPFO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete the form adder supports, for reducing this burden, should be sent to the Child Preferentian Officer, U.S. Petral and Trademark Officer, Dec. U.S. Petral and Trademark Officer, Dec. U.S. Petral and Trademark Officer. On the Child To Televish Officers, Dec. U.S. Petral and Trademark Officers, Dec. U.S. Petral and Trademark Officers, Dec. U.S. Petral and Trademark Officers.